

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:  31	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	Mr Steven S NICKNAME LAST SUFFIX				
Schauer		Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  P.O. Box 47790 San Antonio, TX 78265				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (210) 590-2931		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Receipt # Amount		
	Mrs Marcia NICKNAME LAST SUFFIX		Date Processed		
Lehman		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  3414 John Glenn San Antonio, TX 78217				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (210) 655-7732				
9 REPORT TYPE	30th Day Before Main Election				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year  1/1/2005 3/28/2005				
11 ELECTION	ELECTION DATE Month Day Year  5/7/2005		ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)  Council District 10		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME**

Mr Steven S Schauer

**16 ACCOUNT # (Ethics Commission files)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

**\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\***

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$10838.05

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$4365.00

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$8733.52

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Steven S Schauer, this the 7th day  
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/14/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Joe Hedding

6 Contributor address; City; State; Zip Code

14011 Dublin Square  
San Antonio, TX 78217

7 Amount of  
contribution (\$)

40.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/14/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

John Huber

Contributor address; City; State; Zip Code

14035 Dublin Square  
San Antonio, TX 78217

Amount of  
contribution (\$)

100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Roger Ross

Contributor address; City; State; Zip Code

5707 Pineway  
San Antonio, TX 78247

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/14/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Pat Ryder Lone Star Recovery

Contributor address; City; State; Zip Code

PO Box 63160  
San Antonio, TX 78247

Amount of  
contribution (\$)

50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Columba Wilson

Contributor address; City; State; Zip Code

2931 Quail Oak  
San Antonio, TX 78232

Amount of  
contribution (\$)

75.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/16/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Columba Wilson

6 Contributor address; City; State; Zip Code

2931 Quail Oak  
San Antonio, TX 78232

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

Food and drinks for fundraiser

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/16/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Diane Gonzalez

Contributor address; City; State; Zip Code

11010 Whisper Ridge  
San Antonio, TX 78230

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

James Dean

Contributor address; City; State; Zip Code

221 Appleby Court  
Smyrna, TN 37167

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/25/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Matt Gever

Contributor address; City; State; Zip Code

1012 Irving St. NW #1  
Washington, DC 20010

Amount of contribution (\$)

18.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Junab Ali Mobius Partners

Contributor address; City; State; Zip Code

837 Isom  
San Antonio, TX 78216

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
3 of 16

**2** FILER NAME

Mr Steven S Schauer

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

1/30/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Louis Escareno

**6** Contributor address; City; State; Zip Code

2717 W. Martin  
San Antonio, TX 78207

**7** Amount of  
contribution (\$)  
500.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Michael Chestney

Contributor address; City; State; Zip Code

16100 Henderson Pass, Apt/Suite: 1906  
San Antonio, TX 78232

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Philip Schauer

Contributor address; City; State; Zip Code

3214 Marbleton  
Unicoi, TN 37692

Amount of  
contribution (\$)  
50.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Philip Schauer

Contributor address; City; State; Zip Code

3214 Marbleton  
Unicoi, TN 37692

Amount of  
contribution (\$)  
45.05

In-kind contribution  
description (if applicable)  
copies and stamps

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Michael Schauer

Contributor address; City; State; Zip Code

147 Cedar Ridge  
Thermopolis, WY 82443

Amount of  
contribution (\$)  
25.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/30/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Carl Erdman

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

324 W. Main, Apt/Suite: B  
Princeton, WI 54968-9009

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Charles Messina

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

252 W. Mariposa  
San Antonio, TX 78212-1507

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ken Slavin

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

427 Wl Kings Hwy  
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/30/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Charles Amato

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9311 San Pedro, Apt/Suite: 600  
San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stephanie Mayo

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

403 Heimer, Apt/Suite: 514  
San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
5 of 16

**2** FILER NAME

Mr Steven S Schauer

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

2/1/2005

**5** Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Drew Murray

**6** Contributor address; City; State; Zip Code

1507 E. 34th  
Austin, TX 78722

**7** Amount of  
contribution (\$)  
25.00

**8** In-kind contribution  
description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

2/7/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stephanie Mayo

Contributor address; City; State; Zip Code

403 Heimer, Apt/Suite: 514  
San Antonio, TX 78232

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rex Wilcox

Contributor address; City; State; Zip Code

414 Tower  
San Antonio, TX 78232

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Wayne Clark

Contributor address; City; State; Zip Code

3204 Marbleton  
Unicoi, TN 37692

Amount of  
contribution (\$)  
25.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Terrell McCombs

Contributor address; City; State; Zip Code

37 Westelm Circle  
San Antonio, TX 78230

Amount of  
contribution (\$)  
200.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6 of 16	
2 FILER NAME Mr Steven S Schauer		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/7/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Greehey 6 Contributor address; City; State; Zip Code PO Box 696000 San Antonio, TX 78269	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/7/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shirley Kearns Contributor address; City; State; Zip Code 3419 Pinto Pony San Antonio, TX 78247	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/7/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Garcia Contributor address; City; State; Zip Code 14111 Circle A Trail San Antonio, TX 78023	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/7/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Barr Contributor address; City; State; Zip Code 2517 Boardwalk San Antonio, TX 78217	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/8/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) joanna Wolaver Contributor address; City; State; Zip Code 704 Texas Ave Austin, TX 78705	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

4 Date

2/12/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Gail Anson

6 Contributor address; City; State; Zip Code

1275 Alleyton  
Columbus, TX 78934

7 Amount of  
contribution (\$)  
500.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Stacie McGee

Contributor address; City; State; Zip Code

600 Village West Dr.  
San Marcos, TX 78666

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sean Nelson Genesis Networks

Contributor address; City; State; Zip Code

14220 Northbrook, Apt/Suite: 700  
San Antonio, TX 78232

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Manfred Wellington

Contributor address; City; State; Zip Code

2302 Milam, Apt/Suite: 1217  
Houston, TX 77006

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/17/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Harvey Mitchell

Contributor address; City; State; Zip Code

110 Meadowstone  
Unicoi, TN 37692

Amount of  
contribution (\$)  
25.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sean McNelis

6 Contributor address; City; State; Zip Code

119 Paloma  
San Antonio, TX 78212

7 Amount of  
contribution (\$)  
100.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jon McGee

Contributor address; City; State; Zip Code

600 Village West  
San Marcos, TX 78666

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kenneth Gilliam

Contributor address; City; State; Zip Code

1026 Flower Forest  
San Antonio, TX 78245

Amount of  
contribution (\$)  
150.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mary Jo Bell

Contributor address; City; State; Zip Code

10510 Ballerina  
San Antonio, TX 78217

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Katherine Stouffer

Contributor address; City; State; Zip Code

3706 Betsy Ross  
San Antonio, TX 78230

Amount of  
contribution (\$)  
25.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

4 Date

2/20/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

David Sandoval

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4318 Vespero  
San Antonio, TX 78233

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Robert Daneil

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2617 Simondale  
Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lori Smith

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

265 E. Rosewood  
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Sarah Ermis

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11800 Braesview, Apt/Suite: 4809  
San Antonio, TX 78213

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Brenda Rangel

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

15910 Tampke Place  
San Antonio, TX 78247

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jennifer Minx

6 Contributor address; City; State; Zip Code

16585 Blanco, Apt/Suite: 1005  
San Antonio, TX 78232

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Kathryn Barnes

Contributor address; City; State; Zip Code

242 Hillview  
San Antonio, TX 78209

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Maria Zickgraf

Contributor address; City; State; Zip Code

15930 Colton Well  
San Antonio, TX 78247

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Molly Dean

Contributor address; City; State; Zip Code

3841 Arroyo Seco  
Schertz, TX 78154

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Matthew Marron

Contributor address; City; State; Zip Code

4900 E. Oltorf, Apt/Suite: 422  
Austin, TX 78741

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Clara Bradbury

6 Contributor address; City; State; Zip Code

12009 Elfcroft  
Austin, TX 78758

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rosario Neaves

Contributor address; City; State; Zip Code

716 E. Grayson, Apt/Suite: 3  
San Antonio, TX 78216

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Charlotte Schuepbach

Contributor address; City; State; Zip Code

3519 Ryoak  
San Antonio, TX 78217

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jimmy Parks

Contributor address; City; State; Zip Code

214 Dwyer  
San Antonio, TX 78204

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Patrick Sandoval

Contributor address; City; State; Zip Code

4318 Vespero  
San Antonio, TX 78233

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

12 of 16

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

4 Date

2/20/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Marcia Lehman

6 Contributor address; City; State; Zip Code

3414 John Glenn  
San Antonio, TX 78217

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Geovanni Sanchez

Contributor address; City; State; Zip Code

766 Old Hwy 90 West  
San Antonio, TX 78237

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

catering

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Mary Meek

Contributor address; City; State; Zip Code

111 Oak Glen  
San Antonio, TX 78209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Terri Angelico

Contributor address; City; State; Zip Code

12806 Terrace Hollow  
San Antonio, TX 78259

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Brent Hawkins

Contributor address; City; State; Zip Code

16526 Twin Fox  
San Antonio, TX 78247

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

13 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/7/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Edward Camara

6 Contributor address; City; State; Zip Code

126 Main Plaza, Apt/Suite: 1  
San Antonio, TX 78205

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Lionel Dry

Contributor address; City; State; Zip Code

4410 Bayliss  
San Antonio, TX 78233

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Roger Nelson

Contributor address; City; State; Zip Code

5467 Encino Park  
San Antonio, TX 78240

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Don Norris

Contributor address; City; State; Zip Code

16 Granburg Place  
San Antonio, TX 78218

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Oakwell Farms  
Community Center  
rental fee

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Don Flynt

Contributor address; City; State; Zip Code

3 Corby Lane  
San Antonio, TX 78218

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

14 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/13/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Todd Holzman

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

249 Windcrest  
San Antonio, TX 78239

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/16/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rebecca Berndt

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5106 Tokay Blvd.  
Madison, WI 53711

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Katie Harvey

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2 Queens Gate  
San Antonio, TX 78218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jeff Harvey

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2 Queens Gate  
San Antonio, TX 78218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/19/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Patrick Sandoval

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4318 Vespero  
San Antonio, TX 78233

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

15 of 16

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Arthur Perez

6 Contributor address; City; State; Zip Code

260 E. Edgewood Pl  
San Antonio, TX 78209

7 Amount of  
contribution (\$)  
100.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/24/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Doug McMurry Associated General Contractors PAC

Contributor address; City; State; Zip Code

10806 Gulfdale  
San Antonio, TX 78216

Amount of  
contribution (\$)  
500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Max Frailey

Contributor address; City; State; Zip Code

810 Lari Dawn  
San Antonio, TX 78258

Amount of  
contribution (\$)  
150.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Rene Diaz

Contributor address; City; State; Zip Code

502 Country Lane  
San Antonio, TX 78209

Amount of  
contribution (\$)  
100.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Jon McGee

Contributor address; City; State; Zip Code

600 Village West  
San Marcos, TX 78666

Amount of  
contribution (\$)  
250.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:

16 of 16

**2** FILER NAME

Mr Steven S Schauer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/28/2005

**5** Full name of contributor☐ out-of-state PAC (ID# \_\_\_\_\_)

Mary Carrington

**6** Contributor address; City; State; Zip Code25 Pelican Hill Cir  
Newport Coast, CA 92657**7** Amount of  
contribution (\$)  
500.00**8** In-kind contribution  
description (if applicable)**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

3/28/2005

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Marcus Brown

Contributor address; City; State; Zip Code

2525 NE Loop 410, Apt/Suite: 106  
San Antonio, TX 78217Amount of  
contribution (\$)  
250.00In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Steven S Schauer

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:\_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:\_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.





**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1 of 6

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** Date

1/20/2005

**5** Payee name

City of San Antonio

**6** Payee address; City; State; Zip CodePO Box 839966  
San Antonio, TX 78283-3966**7**Amount  
(\$)**10.00****8** Purpose of payment (See instructions regarding type of information required.)

council packet

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1/21/2005

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

10410 Perrin Beitel  
San Antonio, TX 78284Amount  
(\$)**295.00**

Purpose of payment (See instructions regarding type of information required.)

postage

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1/21/2005

Payee name

PayPal

Payee address; City; State; Zip Code

PO Box 45950  
Omaha, NE 68145-0950Amount  
(\$)**4.65**

Purpose of payment (See instructions regarding type of information required.)

fee for online contribution

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

1/25/2005

Payee name

PayPal

Payee address; City; State; Zip Code

PO Box 45950  
Omaha 68145-0950Amount  
(\$)**0.82**

Purpose of payment (See instructions regarding type of information required.)

fee for online contribution

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

2 of 6

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** Date

2/8/2005

**5** Payee name

North East Educational Foundation

**6** Payee address; City; State; Zip Code8961 Tesoro  
San Antonio, TX 78217**7** Amount(\$)**60.00****8** Purpose of payment (See instructions regarding type of information required.)

attend fundraising event

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/8/2005

Payee name

PayPal

Payee address; City; State; Zip Code

PO Box 45950  
Omaha, NE 68145-0950

Amount

(\$)**1.75**

Purpose of payment (See instructions regarding type of information required.)

fee for online contribution

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

Date

2/15/2005

Payee name

The Watermark Group

Payee address; City; State; Zip Code

4271 Gate Crest  
San Antonio, TX 78217

Amount

(\$)**589.39**

Purpose of payment (See instructions regarding type of information required.)

printing

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

Date

2/15/2005

Payee name

Alamo City Republican Women PAC

Payee address; City; State; Zip Code

218 Wyndale  
San Antonio, TX 78209

Amount

(\$)**35.00**

Purpose of payment (See instructions regarding type of information required.)

attend fundraising event

**\*\* Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

3 of 6

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

<b>4</b> Date  2/17/2005	<b>5</b> Payee name G2E Services <b>6</b> Payee address; City; State; Zip Code  717 W. Ashby Place San Antonio, TX 78212	<b>7</b> Amount (\$) <b>500.00</b>
--------------------------------	---	---------------------------------------

<b>8</b> Purpose of payment (See instructions regarding type of information required.) web design	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date  2/19/2005	Payee name Home Depot Payee address; City; State; Zip Code  425 Sunset Road San Antonio, TX 78209	Amount (\$) <b>51.72</b>
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) sign material	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date  2/19/2005	Payee name Home Depot Payee address; City; State; Zip Code  1066 Central Park South San Antonio, TX 78232	Amount (\$) <b>86.59</b>
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) sign material	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date  3/2/2005	Payee name City of San Antonio Payee address; City; State; Zip Code  PO Box 839966 San Antonio, TX 78283-3966	Amount (\$) <b>100.00</b>
----------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) filing fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: <div style="text-align: center;">4 of 6</div>
<b>2</b> FILER NAME Mr Steven S Schauer		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  3/7/2005	<b>5</b> Payee name Republican Party of Bexar County <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address;      City;   State;   Zip Code  900 NE Loop 410, Apt/Suite: D-105 San Antonio, TX 78209	<b>7</b> Amount (\$) <b>50.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.) attend fundraising event		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/8/2005	Payee name Allied Advertising <hr style="border-top: 1px dotted black;"/> Payee address;      City;   State;   Zip Code  3700 Blanco San Antonio, TX 78212	Amount (\$) <b>1427.95</b>
Purpose of payment (See instructions regarding type of information required.) signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/9/2005	Payee name The Watermark Group <hr style="border-top: 1px dotted black;"/> Payee address;      City;   State;   Zip Code  4271 Gate Crest San Antonio, TX 78217	Amount (\$) <b>258.60</b>
Purpose of payment (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date  3/12/2005	Payee name U.S. Post Office <hr style="border-top: 1px dotted black;"/> Payee address;      City;   State;   Zip Code  10410 Perrin Beitel San Antonio, TX 78284	Amount (\$) <b>138.00</b>
Purpose of payment (See instructions regarding type of information required.) postage		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

5 of 6

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** Date

3/13/2005

**5** Payee name

PayPal

**6** Payee address; City; State; Zip CodePO Box 45950  
Omaha, NE 68145-0950**7** Amount(\$)**0.88****8** Purpose of payment (See instructions regarding type of information required.)

fee for online contribution

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/15/2005

Payee name

U.S. Post Office

Payee address; City; State; Zip Code

10410 Perrin Beitel  
San Antonio, TX 78284

Amount

(\$)**80.50**

Purpose of payment (See instructions regarding type of information required.)

postage

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/15/2005

Payee name

North Bexar County Republican Women PAC

Payee address; City; State; Zip Code

141 Persia Dr.  
Universal City, TX 78148

Amount

(\$)**30.00**

Purpose of payment (See instructions regarding type of information required.)

attend fundraising event

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/18/2005

Payee name

G2E Services

Payee address; City; State; Zip Code

1160 E. Commerce, Apt/Suite: 100  
San Antonio, TX 78205

Amount

(\$)**500.00**

Purpose of payment (See instructions regarding type of information required.)

mailer design

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

6 of 6

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** Date

3/19/2005

**5** Payee name

Home Depot

**7** Amount

(\$119.53)

**6** Payee address; City; State; Zip Code1066 Central Park South  
San Antonio, TX 78232**8** Purpose of payment (See instructions regarding type of information required.)

sign material

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Home Depot

Amount

(\$17.07)

Payee address; City; State; Zip Code

435 Sunset Road  
San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

sign material

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/27/2005

Payee name

PayPal

Amount

(\$7.55)

Payee address; City; State; Zip Code

PO Box 45950  
Omaha, NE 68145-0950

Purpose of payment (See instructions regarding type of information required.)

fee for online contribution

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	.....	
	<b>6</b> Payee address;                      City;    State;    Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	.....	
	Payee address;                      City;    State;    Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	.....	
	Payee address;                      City;    State;    Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	.....	
	Payee address;                      City;    State;    Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	.....	
	Payee address;                      City;    State;    Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

**4** Date**5** Business name**7** Amount  
(\$).....  
**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1    Total pages Schedule I: <b>1 of 1</b>
2    FILER NAME  Mr Steven S Schauer		3    ACCOUNT # (Ethics Commission filers)

  

4    Date	5    Payee name  ..... 6    Payee address;                      City;    State;    Zip Code	8    Amount (\$)
	7    Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Steven S Schauer

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	..... <b>6</b> Payor address;                      City;   State;   Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*****1 C/OH NAME**

Mr Steven S Schauer

**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below *only* if you are not an officeholder. \*\*****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section *only* if you are an officeholder \*\***☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder